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US PTO

Atty. Dkt. No. 026032-4112

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hernandez et al.  
Title: CANTILEVER SUPPORTED  
VEHICLE SEAT AND SYSTEM  
Appl. No.: To be determined  
Filing Date: 11/04/03  
Examiner: To be determined  
Art Unit: To be determined

<b>CERTIFICATE OF EXPRESS MAILING</b>		
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.		
EL 979076878 US (Express Mail Label Number)	11/04/03 (Date of Deposit)	
Roberta A. Cooper (Printed Name)		
<i>Roberta A. Cooper</i> (Signature)		

16831 US PTO  
10/700878  
110403

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (22 pages).
- [ X ] Informal drawings (8 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12).
- [ X ] Information Disclosure Statement (2 pages).
- [ X ] Form PTO/SB/08 with 26 listed reference(s) (1 page).
- [ X ] Application Data Sheet (37 CFR 1.76) (6 pages).

The filing fee is calculated below:

Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
<b>Basic Fee</b>			\$770.00	\$770.00
Total Claims: 44	- 20	= 24	x \$18.00	= \$432.00
Independents: 3	- 3	= 0	x \$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$290.00	= \$0.00
			<b>SUBTOTAL:</b>	<b>\$1202.00</b>
[ ] Small Entity Fees Apply (subtract 1/2 of above):				\$0.00
			<b>TOTAL FILING FEE:</b>	<b>\$1,202.00</b>

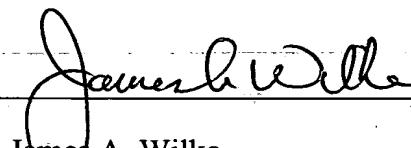
- [ X ] Check number 13185 in the amount of \$1,202.00 to cover the filing fee is enclosed.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11-04-03

By



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